


WISCONSIN DEATH CERTIFICATE APPLICATION

 Send completed form, self-addressed envelope and appropriate fee to the following address.

 Make check or money order payable to: **Register of Deeds, 1320 Pewaukee Road, Room 110, Waukesha, WI 53188-2485**

If you have questions, please call the Register of Deeds, Vital Records at (262) 548-7588 or 548-7587

PENALTIES: Any person who wilfully and knowingly makes false application for a death certificate shall be fined not more than \$10,000 or imprisoned not more than 3 years or both.

APPLICANT INFORMATION	THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION		
	YOUR Name (Please Print)		
	YOUR Signature		Today's Date
	YOUR Daytime Telephone Number ()		
	YOUR Street Address		Mailing Address (if different)
	City / State / Zip		City / State / Zip
RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE	According to Wisconsin State Statute, a CERTIFIED copy of a DEATH record is only available to a person with a "Direct and Tangible Interest". If you do not meet the criteria for boxes A – E, you can only receive an uncertified copy.		
	Check one box which indicates YOUR RELATIONSHIP to the PERSON NAMED on the record:		
	<input type="checkbox"/> A. I am a <u>parent</u> of the PERSON NAMED on the record.		
	<input type="checkbox"/> B. I am the <u>legal custodian or guardian</u> of the PERSON NAMED on the record.		
	<input type="checkbox"/> C. I am a <u>member of the immediate family</u> of the PERSON NAMED on the record. (Only those listed below qualify as immediate family.) CIRCLE ONE: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Spouse Child Brother Sister Grandparent </div>		
	<input type="checkbox"/> D. I am a <u>representative who is authorized</u> , in writing, by any of the aforementioned (A through C). The written authorization must accompany this application. Specify whom you represent _____		
<input type="checkbox"/> E. I can demonstrate that the information from the record is necessary for the <u>determination or protection of a personal or property right</u> for myself/my client/my agency. Specify interest _____			
<input type="checkbox"/> Other: Uncertified copy only. Copy will not be valid for legal purposes.			
FEES	FEE IS NOT REFUNDABLE IF NO RECORD IS FOUND.		
	<input type="checkbox"/> \$ 7.00 First copy (The fee is for a search and a first copy.) <input type="checkbox"/> \$ 3.00 Each additional copy of the same record, issued at the same time as the first copy.		
DEATH INFORMATION	FULL NAME OF DECEDENT		
	PLACE OF DEATH	CITY,VILLAGE, TOWNSHIP	COUNTY
	DATE OF DEATH	DECEDENT'S SOCIAL SECURITY NUMBER	
	DECEDENT'S AGE/ BIRTHDATE	DECEDENT'S OCCUPATION	
OFFICE USE	Below is for OFFICE USE ONLY		
	Certificate Number		